

STATE OF MAINE
DEPARTMENT OF EDUCATION
AMERICAN RECOVERY and REINVESTMENT ACT 2009
APPLICATION – FOOD SERVICE EQUIPMENT ASSISTANCE

1. Name of SAU: _____
2. Name of Person Completing Form: _____ Tel. No.: _____
3. Schools Benefiting from Equipment: _____
4. Food Service available funds \$ _____ (checkbook balance + other cash assets) as of ____/____/2009
5. Anticipated date(s) of delivery and installation of equipment: _____
6. Can money be fully expended within 3 months of Award date 6/8/09: YES _____ NO _____
7. How will the equipment improve the quality of school lunch meals? Maximize scoring by including 7,8, and 9

Attach text and keep to about half page

8. How will the equipment improve the safety of lunch served in the school meal programs?

Attach text and keep to about half page

9. How will the equipment improve the overall energy efficiency of the school foodservice operations?

Attach text and keep to about half page

10. Free and reduced eligible percent will be taken from 2009 ED534 report.

CERTIFICATION: I certify that the information in this application is true and correct to the best of my knowledge, and that the funds requested are needed for the equipment listed, and that the equipment acquired with funds will be used principally to effectively meet the nutritional needs of the children.

APPROVED BY: _____ Date	_____ (Signature of Superintendent of Schools)
_____ Date	_____ (Maine Department of Education Official)

**RETURN ORIGINAL TO: Maine Department of Education
Child Nutrition Services
23 State House Station
Augusta, ME 04333-0023**

**For Information Call: (207) 624-6842
E-MAIL: walter.beesley@maine.gov**

**MUST BE RECEIVED NO LATER THAN FRIDAY MAY 22, 2009
(NO PURCHASE INCURRED PRIOR TO APPROVAL WILL BE HONORED FOR PAYMENT)**